

# ACORD<sup>TM</sup> PROPERTY LOSS NOTICE

DATE

PRODUCER	PHONE (A/C, No, Ext):	MISCELLANEOUS INFO (Site & location code)	DATE OF LOSS AND TIME		AM	PREVIOUSLY REPORTED	
				PM	YES	NO	
		POLICY TYPE	COMPANY AND POLICY NUMBER		NAIC CODE		POLICY DATES
		PROP/HOME	CO:				EFF:
			POL:				EXP:
CODE:	SUB CODE:	FLOOD	CO:				EFF:
			POL:				EXP:
AGENCY CUSTOMER ID		WIND	CO:				EFF:
			POL:				EXP:

<b>INSURED</b>		<b>CONTACT</b>		CONTACT INSURED
NAME AND ADDRESS OF INSURED		DATE OF BIRTH	NAME AND ADDRESS OF INSURED	
		SOC SEC # OR FEIN:		
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)			
NAME AND ADDRESS OF SPOUSE (IF APPLICABLE)		DATE OF BIRTH	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
		SOC SEC # OR FEIN:	WHERE TO CONTACT	WHEN TO CONTACT

<b>LOSS</b>				POLICE OR FIRE DEPT TO WHICH REPORTED	
LOCATION OF LOSS				PROBABLE AMOUNT ENTIRE LOSS	
KIND OF LOSS	<input type="checkbox"/> FIRE <input type="checkbox"/> THEFT	<input type="checkbox"/> LIGHTNING <input type="checkbox"/> HAIL	<input type="checkbox"/> FLOOD <input type="checkbox"/> WIND	<input type="checkbox"/> OTHER (explain)	
DESCRIPTION OF LOSS & DAMAGE (Use separate sheet, if necessary)					

<b>POLICY INFORMATION</b>					
MORTGAGEE					
<input type="checkbox"/> NO MORTGAGEE					
HOMEOWNER POLICIES SECTION 1 ONLY (Complete for coverages A, B, C, D & additional coverages. For Homeowners Section II Liability Losses, use ACORD 3.)					
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	DEDUCTIBLES	DESCRIBE ADDITIONAL COVERAGES PROVIDED
					ON
<input type="checkbox"/> COVERAGE A. EXCLUDES WIND					
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)					
FIRE, ALLIED LINES & MULTI-PERIL POLICIES (Complete only those items involved in loss)					
ITEM	SUBJECT OF INSURANCE	AMOUNT	% COINS	DEDUCTIBLE	COVERAGE AND/OR DESCRIPTION OF PROPERTY INSURED
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
	<input type="checkbox"/> BLDG <input type="checkbox"/> CNTS				
SUBJECT TO FORMS (Insert form numbers and edition dates, special deductibles)					
FLOOD POLICY	BUILDING: DEDUCTIBLE:	ZONE	PRE FIRM	DIFF IN ELEV	FORM TYPE
	CONTENTS: DEDUCTIBLE:		POST FIRM		GENERAL DWELLING
WIND POLICY	BUILDING DEDUCTIBLE	CONTENTS	ZONE	FORM TYPE	GENERAL DWELLING
					CONDO
REMARKS/OTHER INSURANCE (List companies, policy numbers, coverages & policy amounts)/NY ONLY: PREVIOUS ADDRESS OF INSURED & WIFE'S MAIDEN NAME					
CAT #	FICO #	ADJUSTER ASSIGNED	ADJUSTER #	DATE ASSIGNED	
REPORTED BY	REPORTED TO	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER		